

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/05/662

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

1072

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1		/				
10 2		/				
10 3		/				
10 4		/				
10 5		/				
10 6		/				
10 7		/				
10 8		/				
10 9		/				
11 10		/				
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11 25	/					
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11 27		/				
11 28		/				
11 29		/				
11 30		/				
11 31		/				
11 32		/				
11 33		/				
11 34		/				
11 35		/				
11 36		/				
11 37		/				
11 38		/				
11 39	/					
11 40		/				
11 41		/				
11 42		/				
11 43		/				
11 44		/				
11 45		/				
11 46		/				
11 47		/				
11 48		/				
11 49		/				
11 50		/				
TOTAL IND.	5	1				
TOTAL DEP.	70					
TOTAL CLAIMS	75					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

222